MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTC 878]								10/1050990			FILING DATE		
	H	, 01. 05	n	Jane F.	0.0)	CLAI	ws.						
_	AS FILED		AFTER IN AMENDMENT		AFTER 201 AMENDMENT		T-T-						
	IND	DEP.	IND.	DEP.	IND.	DEP.	_	IND.	987.	IND.	DEP.	IND.	DEP.
+	IND.	DEP.	INO.	DLF.	INQ.	DEF.		INU.	Der.		- 00.	2778	1000
-		-							_	 -	_	-	-
1				-			5.2					-	+
_	_	-					13				-	-	-
													1
						<u> </u>	55						-
							56		1				
þ							67	. —		_	-		-
- 8	1						58		-	-		-	-
9			L				69				-		-
10							60					-	-
1							61		-		 -		-
12			_				62		-			-	\vdash
11		1			1		63		-		-	-	-
14		1	1			1	61		-		-	1	-
18					i		65			-		-	-
16		T					66			_	<u></u>	-	
17	_	TY	Γ				67		1		1		1_
18			1				68			1		1	ـــــ
19		11					69			1		1	
20	_	1	1	-	-		70					1	1
21	-	1		-			71		1	_	1		1
22		l i	-				72				1		1
23				-	 		73	-	-	-	-		
24	-	-					74	-	1	1	_	_	1
25	-			+-		-	75	-			-	-	-
	-	+		-	-		76		-	1	+	1	-
26	-	-	-	-		-	77		+-	-	-	-	-
	-	-		-	-		78	-	-	+		-	1
28	-	-		-		-	19		-	-	1	1-	+
19			-	-	+		80	-	-	1	+	 	+-
30		-		-						-	-	1	-
81			1		-	-	81	-		4	4-	1-	-
32		1-	_	-	-	_	88	-	+	-	-	-	+-
33	-	-	-	-	-			⊢-	+	-	+	+	+-
34		-	-	+-	+		84		+	-	-	+	+
35		-			1		86		i -	+-	+-	+	+-
26	L	<u> </u>	1	-	1-	1	86	-	+	+	-	+	+-
31	_	-		-	-	-	67	⊢ −	-	+		-	+
38	_	-	-	1-	-	1	88		+	-	-	+	+~-
39	1	1	L	J	1	-	59			-	-1-	+-	
40	-	1	-	-	+	-	90	-	+	+	+-	+-	+-
41	_	1_	1	1_	+-	_	91	_	+	+	+	+	+
42	上二	+	1		-	1	92		-	+	+	+	+-
43		_	_	-	-	1	93	-	+-		+	+-	+-
44			_		-		94	l			-	+	-
45		1	1	1	1	1	1-12	-	-		-	+	+-
<8	T			I	1	1	56	1		-	1	+	-
47	1		1		1	-	57	1		-	1	+	-
48		-					9.0	1		1	-	+-	-
45.	2"	-	1		,	1	of	1	1	3	1	1	
50	T	1	7	1	1	1 1	1 300	100		1		1	
TOTAL	Ti	1 .	1				TOTAL IND.	1	-		1	1	1 1
IND.	11	٦. ١	-	٠١	-		TOTAL DEP.	+-		1	الحب	-	بــ
TOTAL DCP.	16	_	1		_	-		1		-		-	- Elsen
TOTAL	10	8403	84	3933	201	Str. 1	TOTAL		46.72	14	1000	285	33